US Department of Labor of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E ALGA TOPOS			
1 File Number U 9437	2 Fiscal Year Covered From		
	1/1/04 Through /2/31/04		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name WII.AM W Niesman	Name Local 9 II3EW		
	Labor Organization File Number 0/59/9		
PO Box Bldg Room No If any 330	PO Box Building and Room Number if any 330		
Street 4415 w HARRISON	Street 4415 w HARRISON		
City 4.115.de	City 14:11518 t		
State I L ZIP Code + 4 60 162	State IL ZIP Code + 4 60/62		
5 Position in labor organization Asc Bus. Mugik.			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)			
A Held an interest in engaged in transactions (including loans) with or derived income or other ellipsia one one of the ellipsia one of the ellipsia of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income		
Name			
Trade Name if any			
PO Box Bldg Room No If any			
Street	7 b Amount.		
Silver L			
City			
State ZIP Code + 4			
Signature			
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions.)			
Signed Willow W- Mesman	on 8/12/05 708 449 - 9000		

Date

Telephone Number

Name of Person Filing William We Niesman		File Number U	
B Held an interest in or derived income or economic benefit with monetary of substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines: stively seeking to represent or adirectly to or otherwise	s	
8 Name and address of Business (including trade name if any) Name TED DISA batto Trade Name if any Clark 4 Assoc. PO Box Bldg Room No if any Street 333 W Wacker City Chicago State IL ZIP Code + 4 COGO 6	9 Business deals with a Labor Organizat b Trust c Employer	tion	
10. If 9 b. or 9 c. is checked give trust or employer's name	11 a Nature of such dealir	ng	
Name LINECLEMENTER BENEFT EPENSION FRUITS Trade Name If any PO Box Bldg Room No If any	1	Consultant	t e
Street 6525 Centurion D-	11 b Approximate dollar value	e of such dealing	24 500
City LANSING	12 a Nature of interest held		
State M ZIP Code + 4 4890 7	The state of the s	owing Lin	e Clearoner M
	12 b Amount.		35,00
9 80			
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	! දුර	
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Trade Name If any			T (All Parts of the Control of the C
P O Box Bldg Room No If any			4
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City			
State ZIP Code + 4		ay (1988). Mary 1984 - Marian Maria and Maria	
13 b is the Business an Employer or Consultant ?	14 b Amount of payment		

Name of Person Filing William W. NICSMAN		File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from setling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Kell, MuRRel Trade Name if any Charlified Plans Cov. Two. PO 80x Bldg Room No if any Street 3013 s, Wolf Rd City Westchester State TL ZIP Code + 4 60154	9 Business deals with a Labor Organiza b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name Name LCTT Hentth + Weltaer Fund Trade Name if any T Tuternational PO Box Bidg Room No if any	Health + well	with	Hart
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State 77; ZIP Code + 4 48917	12/13/0	2 unch Y	
	12 b Amount.	APPROX	1 60.00
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment]
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13 b Is the Business an Employer or Consultant 2	14 b Amount of payment		

			
Name of Person Filing W, 11, an W. Niesman		File Number U	
B Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent or adirectly to or otherwise	s	
8 Name and address of Business (including trade name if any) Name Robert E Fitgerald Trade Name if any PO Box Bldg Room No if any Street 7/4 w Barlington City LaGrange State JL ZIP Code +4 60536	9 Business deals with a Labor Organizat b Trust c Employer	tion	
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10 If 9 b or 9 c is checked give trust or employer's name Name Robert E. Fitzgers Isl Trade Name if any PO Box Bldg Room No if any 1	UNION Alt		
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	12 b Amount,	·	6/
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant			
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13 b Is the Business an Employer or Consultant 2	14 b Amount of payment		

Name of Person Filing William W. Alicsan		File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name MIBLE STATES ELEC CONT ASS. Trade Name if any P O Box Bidg Room No if any Street 245 Fencl La City Hillside State EL. ZIP Code + 4 60162	9 Business deals with a Labor Organizat b Trust c Employer	tion	
10 If 9 b or 9 c is checked give trust or employer's name Name Middle States Elec. Cont. Ass Trade Name if any PO Box Bidg. Room No. if any Street 245 Fencl. LN City Hills. Se State IL. ZIP Code + 4 60162	11 a Nature of such dealing in Adile Shiring. 11 b Approximate dollar value 12 a Nature of interest held Cheistmas 2.	e of such dealing UNKNOWN	
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